Members present:

Fred Wesbrook
John Toussaint
Steve Brenton
Susan Turney
Peg Smelser
Gina Frank-Reece

Members not able to attend:

Don Layden
Patricia Finder-Stone
Louise Trubek

Staff:

Stacia Jankowski
Susan Wood

1. Meeting notes for August 9 were approved.

2. Review of grid showing many of the current Wisconsin health information initiatives.

   Susan Wood described the purpose of the grid, which lists 10+ health information initiatives underway in Wisconsin. This is being developed to:
   - Help inform the discussion of the eHealth workgroups to show the scope of work already underway and to support recommendations about how best to build from this base
   - Include in the eHealth Board's report to the Governor.
   - Help DHFS identify what components of our state's health information agenda are appropriate to include in the application for Medicaid Transformation Grant funding for the next two years. These applications are due to CMS 9/15/06.

3. Discussion about establishing priorities and requirements for a Wisconsin governance model in the context of the Wisconsin environment.

   Assumptions and comments:

- Some kind of structure or group is needed to oversee coordination of all these initiatives across the private and public sectors.

- At a minimum, need a coordinating body for information sharing and to support these initiatives and have substantive work to do.

- Some Wisconsin organizations are far ahead of what other states are trying to do and we need to start at this point and move forward.

    o There is a lot of energy in some of these organizations.

    o Some fit together better than others and some things will happen at a different pace.

    o WHIO Board is now creating subcommittees to integrate new public reporting with existing public reporting underway in Wisconsin.

    o WHIO is too new to take this on at this time - needs to focus on its core mission.

- Need very clear standards – and wait to see what comes at a national level. Until this happens, HIT and HIE cannot move quickly. In the meantime there is excellent work underway and we don't want to slow it down.

- One way to do this is to convene the leaders of key organizations to function as a leadership council with clear roles for coordination and communication.

- There is a need for staff support for the enterprise.

- It is essential to have authority to move forward, to implement plans – and it may need to be established legally to seek funds. Need the legal responsibility to fulfill the mission.

- The description of the Arizona and Minnesota models is helpful and makes sense – more information about current status of Minnesota effort is needed.

- An incremental process is expected, as in Minnesota.

- The building block concept described in the AHIMA workbook is helpful – once problems are identified can then devote energy to addressing them. Do not need to have the whole thing figured out at the beginning - will need to be adaptable.

- This group needs to agree on the vision and understand why existing organizations cannot carry the eHealth governance role.

- Leadership of WCHQ, WHIO, WHIE, WHA, other provider and consumer representatives would be the core membership.

- A small group is essential so existing initiatives are not slowed down– too big and there are many problems - can always expand as appropriate.

- This would be a strategic body with low operating costs – probably not research or grant funded and should not compete for funding with other current initiatives.

- There is real added value to convene leaders, align interests, build synergy about how these various initiatives can come together, and to take ownership of the goals for health information exchange.

- May not need to maintain the existing eHealth Board if a new structure is created – if two organizations are maintained they would have to be closely linked so as not to be redundant and uncoordinated.

- A key issue for the future is funding.

Next steps for staff to prepare for the September 7 meeting:
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1. Obtain current status of Minnesota's effort since they have been working on this for more than a year; see if a representative could join the meeting by conference to answer questions.

2. Lay out pros and cons of various organizational models and legal structures, including relationship to the current eHealth Board and staffing considerations (including check with DHFS legal counsel).

3. Report from Financing Workgroup.

4. Updated grid – based on information from these organizations.

5. Issue paper on eHealth communications plan.